



Lincoln Police Department
Thomas K. Casady, Chief of Police
575 South 10th Street
Lincoln, Nebraska 68508

402-441-7204
fax: 402-441-8492



MAYOR COLEEN J. SENG

lincoln.ne.gov

February 9, 2007

Mayor Seng and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Seng and Members of the City Council:

An investigation has been made regarding the application of Foodmart II Inc, d.b.a. IGA Market Place, 4646 W. Huntington Street requesting a class D liquor license.

Peter Clarke, owner has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Peter Clarke was born in Aurora, Nebraska. He attended the University of Nebraska, Kearney College graduating in 1998.

Mr. Clarke served in the United States Armed Forces 1992- 1998 receiving an honorable discharge.

Mr. Clarke has been self employed in the grocery business since 1997.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



A nationally accredited law enforcement agency



Liquor License Investigation

Business (DBA) IGA MARKET

☒ Manager ☒ Owner Other _____

Name: PETER CLARKE

US Citizen? ☒ Yes ☐ No

Has applicant ever been cited for liquor law violations? ☒ No ☐ Yes
Explain _____

Does applicant have an interest in another liquor license? ☐ No ☒ Yes
Explain _____

Is spouse qualified to hold a license? ☒ Yes ☐ No ☐ N/A

How is applicant if not an owner to be paid? ☐ Salary ☐ Hourly

How many hours will applicant be at the establishment? 5-20

Any other employment? ☐ No ☒ Yes, explain CRETE FOOD MART

Any previous experience with a liquor license? ☒ Yes ☐ No

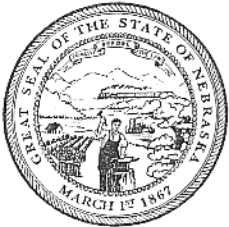
Any criminal convictions? ☒ No ☐ Yes
Comments _____

Is applicant a property owner in Lincoln? ☐ Yes ☒ No

Is applicant involved in any civil litigation? ☒ No ☐ Yes
Comments _____

☒ Photo ☒ Records Check ☒ References
Digital - NOW CRIM
Comments _____

Interview Date 2/9/07



FILED

3-5-07
STATE OF NEBRASKA

Dave Heineman
Governor

FEB - 8 2007

CITY CLERK'S OFFICE
LINCOLN, NEBRASKA

NEBRASKA LIQUOR CONTROL COMMISSION
Hobert B. Rupe
Executive Director
301 Centennial Mall South, 5th Floor
P.O. Box 95046
Lincoln, Nebraska 68509-5046
Phone (402) 471-2571
Fax (402) 471-2814
TRS USER 800 833-7352 (TTY)
web address: <http://www.lcc.ne.gov/>

February 7, 2007

Lincoln City Clerk
555 South 10th Street
Lincoln, NE 68508-3993

47-013537

RE: New Application for Class D Liquor License for Foodmart II, INC, Inc dba IGA Market Place

Dear Local Governing Body:

Attached is the form to be used on all retail liquor license applications. Local clerks must collect proper license fees and occupation tax per ordinance, if any, before delivering the license at time of issuance.

TWO KEY TIME FRAMES TO KEEP IN MIND ARE:

- 1) You have 45 days to conduct a hearing after the date of receipt of the notice from this Commission (§53-134). You may choose **NOT** to make a recommendation of approval or denial to our Commission.

PER §53-133, THE LIQUOR CONTROL COMMISSION SHALL SET FOR HEARING ANY APPLICATION WHEREIN:

- 1) There is a recommendation of denial from the local governing body.
- 2) A citizens protest; or
- 3) Statutory problems that the Commission discovers.

PLEASE NOTE...A LICENSEE MUST BE "PROPERLY" LICENSED IN ORDER TO PURCHASE FROM WHOLESALERS; AND, A LICENSE IS EFFECTIVE:

- 1) Upon payment of the license fees;
- 2) Physical possession of the license;
- 3) Effective date on the license.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

Tami Freeman
Licensing Division

Enclosures

CJIS
679472

(21)

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

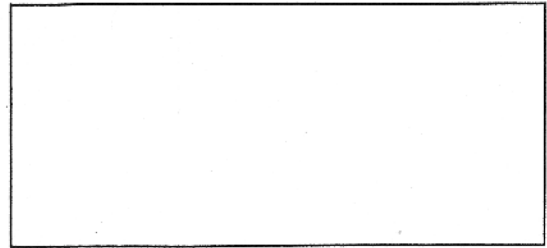
An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

FORM 35-4001
REV. 12/99

APPLICATION FOR LIQUOR LICENSE

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



OFFICE USE ONLY

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND FEES CHECK DESIRED CLASS(S)

RETAIL LICENSE(S)

- | | | | |
|-------------------------------------|---|---|---------|
| <input type="checkbox"/> | A | Beer, On Sale Only | \$45.00 |
| <input type="checkbox"/> | B | Beer, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | C | Beer, Wine & Distilled Spirits, On & Off Sale | \$45.00 |
| <input checked="" type="checkbox"/> | D | Beer, Wine & Distilled Spirits, Off Sale Only | \$45.00 |
| <input type="checkbox"/> | I | Beer, Wine & Distilled Spirits, On Sale Only | \$45.00 |

Class K Catering license may be added to any of these classes with an additional fee of \$100.00 and filing form 35-4202

MISCELLANEOUS

- | | | | Bond |
|--------------------------|---|--|----------------------|
| <input type="checkbox"/> | L | Craft Brewery (Brew Pub) | \$295.00 1,000 min. |
| <input type="checkbox"/> | O | Boat | \$ 95.00 N/A |
| <input type="checkbox"/> | V | Manufacturer, Beer, Wine & Distilled Spirits
(additional fee of \$100 to \$1,000-call for exact amount) | \$ 45.00 10,000 min. |
| <input type="checkbox"/> | W | Wholesale Beer | \$545.00 5,000 |
| <input type="checkbox"/> | X | Wholesale Liquor | \$795.00 5,000 |
| <input type="checkbox"/> | Y | Farm Winery | \$295.00 1,000 |

All Class C licenses expire October 31st

All other licenses expire April 30th

Catering expire same as underlying retail license

TYPE OF APPLICATION BEING APPLIED FOR (CHECK ONE)

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> | Individual License, requires insert form 1 |
| <input type="checkbox"/> | Partnership License, requires insert form 2 |
| <input checked="" type="checkbox"/> | Corporate License, requires insert form 3a and manager application 3b |

NAME OF PERSON OR FIRM ASSISTING WITH APPLICATION

(Commission will call this person with any questions we may have)

Name: Peter Clarke Phone: 402-926-5099

Firm Name: Foodmart II Inc

Firm address: 925 Main St Crete NE 68333

PREMISE INFORMATIONTrade Name (doing business as) IGA Market PlaceStreet Address #1 4646 W Huntington Ave

Street Address #2 _____

City LincolnCounty Lancaster #12Zip Code 68524Telephone number at premise to be licensed N/AIs this location inside the city/village corporate limits: ☒ YESFEB 03 2007 ☐ NO

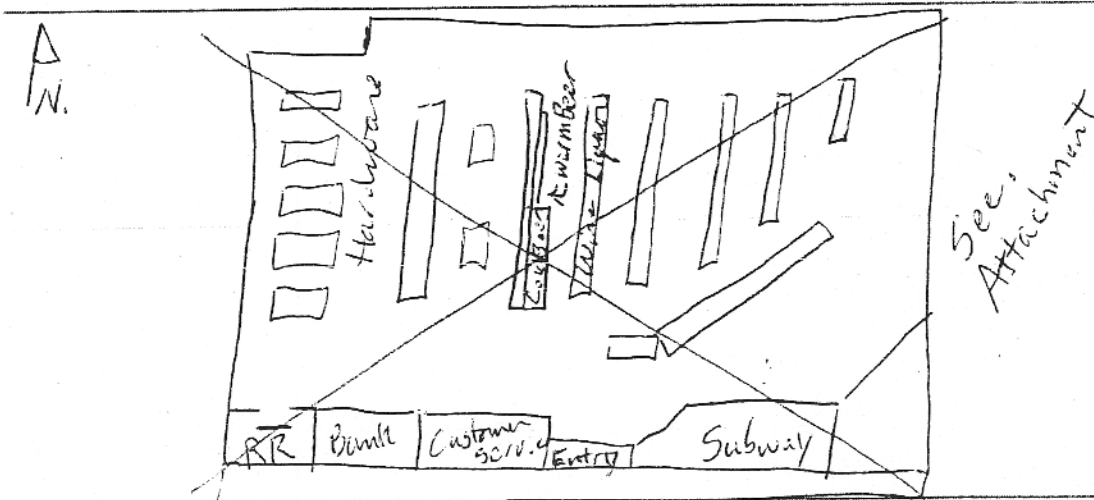
Mail to Address (where you want receipt of Liquor Control Commission mailings)

Name: Foodmart II INCStreet Address #1 925 Main

Street Address #2 _____

City CreteCounty SalineZip Code 68333**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations. No blue prints please. Be sure to indicate the direction north and number of floors of the building.



one story bldg approx 210' X 135'

APPLICANT INFORMATION

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, **EVER** been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

- ☐ Yes If yes, please explain below or attach a separate page.
☒ No

2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required). Liquor Inventory may be taken at time of application being submitted.

- ☐ Yes
Current business name and license number _____
☒ No

3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license. If yes, attach agreement. **Please note:** This agreement is not effective until Commissions assigns you a 3-digit ID number.

- ☐ Yes
☒ No

4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.

- ☒ Yes Pinnacle Bank

☐ No

5. Will any person or entity other than applicant be entitled to a share of the profits of this business? If yes, explain. All involved members must be disclosed on application.

☐

Yes

☒

No

6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.

☐

Yes

☒

No

7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain? (No silent partners)

☐

Yes

☒

No

8. Are the premises to be licensed within 150 ft of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Neb. Rev. Stat. 53-177.

☐

Yes

☒

No

9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the person's exact duties.

☐

Yes

☒

No

10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the individual(s) who will be authorized to write checks and/or make withdrawals on accounts at the institutions.

Pinnacle Bank -

Peter Clarke & Carrie Clarke

11. List all past and present liquor licenses held in Nebraska or any other state by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.

- ① Crete Foodmart - NE - Foodmart II Inc, 925 Main St Crete NE 68333 #33683
② Eagle Country Market - IA - Downtown Eagle Inc, 1900 Elm St Dubuque IA 52001 #LE0001165
③ Eagle's - KS Foodmart II Inc, 106 W. 5th St, Blue Rapids KS 66411 #96648

12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.

Rick Bjorn - 60-70 hrs.
Peter Clarke 6-7 hrs

13. List the training or experience (when and where) of the person listed in #12 above in connection with selling and/or serving alcohol products.

Worked for & managed a HyVee for 30 plus years

14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership. If leased, submit a copy of the lease covering the entire license year. Documents must show title or lease held in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed.

☒ Lease: expiration date *March 30 2017*
☐ Deed
☐ Purchase Agreement

15. When do you intend to open for business? *March 30, 2007*

16. What will be the main nature of business? What are the anticipated hours of operation? *Retail grocery store. 7am - 10pm*

17. List the principal residence(s) for the past 10 years for all persons required to sign application, including spouses. If necessary attach a separate sheet.

Applicant Name	From: Year	To: Year	City/State
<i>Peter Clarke</i>	<i>1997</i>	<i>2007</i>	<i>Crete, NE</i>
<i>Carrie Clarke</i>	<i>1998</i>	<i>2007</i>	<i>Crete, NE</i>
<i>Carrie Clarke</i>	<i>1997</i>	<i>1998</i>	<i>Omaha, NE</i>

The undersigned applicant(s) hereby consent(s) to a background investigation and release present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance

**APPLICATION FOR LIQUOR LICENSE
CORPORATION/LLC INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC

RECEIVED

FEB 06 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

Name of Corporation or Limited Liability Company that will hold license. Attach copy of Articles of Incorporation. (Document must show [barcode] receipt by Secretary of States Office.)

Foodmart II INC

Corporate Street Address: 925 Main

City: Cretz State: Ne Zip Code: 68333

Corporate Telephone Number 402-826-5099

Total number of shares issued (if corporation) 1000 (One thousand one hundred)

Is this a Non Profit Corporation? ☐ YES ☒ NO

If yes, what is your Federal ID #? _____

Name of Registered Agent Peter Clarke (corporate manager) 4

Name of Proposed Manager Rick Bjorn (store manager) 4
This person must complete form 35-4013

List name of Chief Executive Officer

Last Name: Clarke First Name: Peter MI T

Address Street 805 Franklin Dr City Cretz

State NE Zip Code 68333 Home Phone number 402-826-3024

Social Security Number _____ Date of Birth _____

List names of all Officers, Directors, Stockholders, Members and their Spouses

Last Name Clarke First Name Peter

Social Security Number Date of Birth

Title President/Sec. Number of Shares 550

Spouse Name (indicate N/A if single) Carrie Clarke

Spouse Social Security Number Date of Birth

Title Number of Shares

Last Name Clarke First Name Carrie

Social Security Number Date of Birth

Title 1st President Number of Shares 550

Spouse Name (indicate N/A if single) Peter Clarke

Spouse Social Security Number Date of Birth

Title Number of Shares

Last Name First Name

Social Security Number Date of Birth

Title Number of Shares

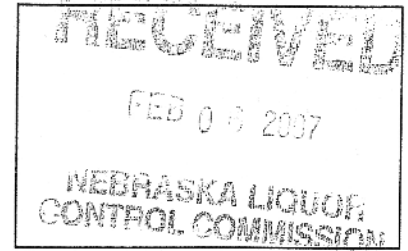
Spouse Name (indicate N/A if single)

Spouse Social Security Number Date of Birth

Title Number of Shares

**APPLICATION FOR LIQUOR LICENSE
CORPORATION MANAGER - FORM 3b
*MUST BE A NEBRASKA RESIDENT***

301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.nol.org/home/NLCC/



LIQUOR LICENSE INFORMATION

NAME OF LICENSED CORPORATION Foodmart II INC
CLASS & LICENSE NUMBER _____
TRADE NAME IGA Market Place
STREET ADDRESS 4646 W. Huntington Ave CITY Lincoln

applicant
SIGNATURE OF CORPORATION PRESIDENT/CEO

APPLICANT INFORMATION (MUST BE 21 OR OVER AND NEBRASKA RESIDENT)

NAME Peter Clarke
ADDRESS 805 Franklin Dr
CITY Crete STATE NE ZIP CODE 68333
HOME PHONE NUMBER 402-826-3024 BUSINESS PHONE NUMBER 402-826-5099
SEX ☒ MALE ☐ FEMALE SOCIAL SECURITY NUMBER _____
DATE OF BIRTH _____ PLACE OF BIRTH Aurora NE
DRIVERS LICENSE NUMBER & STATE 100369141

SPOUSES INFORMATION (IF NOT MARRIED INDICATE)

SPOUSE NAME Carrie Clarke
SOCIAL SECURITY NUMBER _____ DATE OF BIRTH _____
DRIVERS LICENSE NUMBER & STATE _____

1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

2. Have you or your spouse ever made application for any liquor license or manager for any liquor license? IF YES, for what premise give license number and date.

☒ YES ☐ NO 33683, Crete Foodmart

3. Have you or your spouse ever made a compromise settlement for violation of such laws?

☐ YES ☒ NO

4. Do you, as a manager, have all the qualifications required by any person entitled to hold a Nebraska Liquor License?
Nebraska Liquor Control Act (§53-131.01)

☒ YES ☐ NO

5. Have you filed fingerprint cards and **PROPER FEES** (if check, make out to the NE State Patrol), with this application?

☒ YES ☐ NO enclosed

RESIDENCES FOR THE PAST 10 YEARS, APPLICANT AND SPOUSE MUST COMPLETE

APPLICANT: CITY & STATE	YEAR FROM TO	SPOUSE: CITY & STATE	YEAR FROM TO
Peter	1998	Carrie	1999
Crete NE	2007	Crete NE	2007
Kearney NE	1995 1998	Omaha NE	1997 2007

EMPLOYERS - LIST LAST TWO EMPLOYERS

MONTH/YEAR FROM TO	NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
1997 2007	Foodmart II	Self	402-826-5099

RECEIVED

FEB 06 2007

NEBRASKA LIQUOR
CONTROL COMMISSION

**PERSONAL OATH AND CONSENT OF INVESTIGATION
MUST BE SIGNED BY APPLICANT & SPOUSE**

The above individual(s), being first duly sworn upon oath, deposes and states that the undersigned is the applicant and/or spouse of applicant who makes the above and foregoing application, that said application has been read and that the contents thereof and all statements contained therein are true. If any false statement is made in any part of this application, the applicant(s) shall be deemed guilty of perjury and subject to penalties provided by law. (Sec. §53-131.01) Nebraska Liquor Control Act.

The undersigned applicant hereby consents to an investigation of his/her background including all records of every kind and description including police records, tax records (State and Federal), and bank or lending institution records, and said applicant and spouse waive any rights or causes of action that said applicant or spouse may have against the Nebraska Liquor Control Commission and any other individual disclosing or releasing said information to the Nebraska Liquor Control Commission. If spouse has NO interest directly or indirectly, an affidavit of non participation may be attached.

The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete, inaccurate, or fraudulent.

Peter Clark

Signature of Applicant

Carrie M. Clark

Signature of Spouse

Subscribed in my presence and sworn to before me this 2nd
day of February 2007.

Subscribed in my presence and sworn to before me this 3
day of February 2007.

Nancy J. Pohl

Notary Signature & Seal

Collyn J. Threando

Notary Signature & Seal

